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07/12/2004

Davis and Bujold Fourth Floor 500 N. Commercial Street Manchester, NH 03101 10/12/2004 MBERHE1 00000069 09711983

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Michael J. Bujold	0	(Depositor's name)
Unlest Joy	ele	(Signature)
October (, 2004		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/711,983	11/14/2000	Robin Harker	COLGRA P21AUS	8740

TITLE OF INVENTION: PC-CPU MOTHERBOARDS WITH COMMON FAULT-TOLERANT POWER SUPPLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$68 5	\$0	\$685	10/12/2004
EXAM	IINER	ART UNIT	CLASS-SUBCLASS		
DAMIANO), ANNE L	2114	714-014000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		orrespondence (1) orrespondence (2) ion form re of a Customer 2	For printing on the patent front page, I) the names of up to 3 registered pater agents OR, alternatively, I the name of a single firm (having as gistered attorney or agent) and the nar registered patent attorneys or agents. I ted, no name will be printed.	a member a nes of up to	& BUJOLD, P.L.L.C

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Please check the appropriate assignee category or categories (will not l	be printed on the patent);				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
▼ Issue Fee	A check in the amount of the fee(s) is enclosed.				
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☐ Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number				
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	blication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. repted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in mark Office.				
(Authorized Signature) (Date)	October 6, 2004				

This collection of information is required by 3 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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